**FEC** 

## **STATEMENT OF**

FORM 1	ORGANIZATION		
1 0111111 1	(See instructions)		Office use only
NAME OF COMMITTEE (in fi	ull) (Check if name Example: If type over the lines	ying, type 12FE4M5	
NAIOP-PAC			
	2201 COOPERATIVE WAY 3RD FLOO	<u>                                     </u>	
ADDRESS (number and si	treet)		
(Check if address is changed)	HERNDON		20171
	CITY▲	STATE▲	ZIP CODE 📥
COMMITTEE'S E-MAIL	ADDRESS (Please provide only one e-mail address)		
(Check if address is changed)	maggard@naiop.org		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)		
(Check if address is changed)	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1 1 1 1 1 1 1 1 1 1	
2. DATE 0 1	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
3. FEC IDENTIFICAT			
4. IS THIS STATEME		NDED (A)	
Legrify that I have examin	ned this Statement and to the best of my knowledge and belief it is	true, correct and complete	
<b>,</b>		,	
Type or Print Name of T	reasurer Elizabeth R. Greene		
Signature of Treasurer	Electronically Filed by Elizabeth R. Greene	Date 0 6	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
NOTE: Submission of fals	se, erroneous, or incomplete information may subject the person s  ANY CHANGE IN INFORMATION SHOULD BE		
Office		er information contact:	
Use Only	Federal Ele	ection Commission 800-424-9530	FEC FORM 1 (Revised 02/2009)